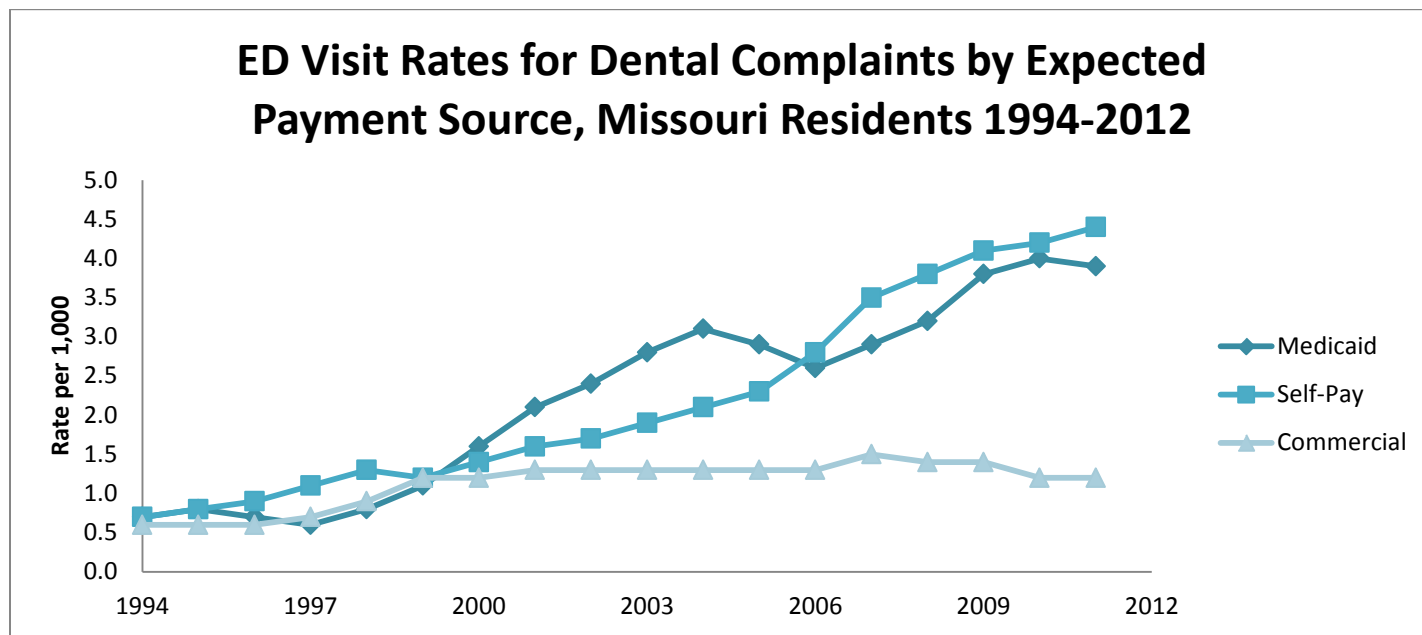




Oral Health Fact Sheet: Emergency Department Utilization for Dental Complaints, Missouri 1994-2012

A number of national studies have described an increase in dental-related emergency department (ED) visits in recent years.¹ This trend has also been observed in Missouri; between 1994 and 2012, on average there was a 20.5% increase in ED visit rates each year.² The primary diagnosis for these visits includes “disorders of the tooth and jaw” which are complaints that could be treated in a dental office rather than an ED and specifically exclude injuries. In 2012 alone, 58,309 ED visits for dental complaints occurred among Missouri residents.² According to national estimates, an ED visit for a dental complaint costs more than \$300¹; based on this estimate, Missouri dental ED visits exceeded \$17.5 million in 2012. Furthermore, hospitals generally only provide short-term relief of symptoms, and many will require an additional visit to a dentist to complete their treatment.¹

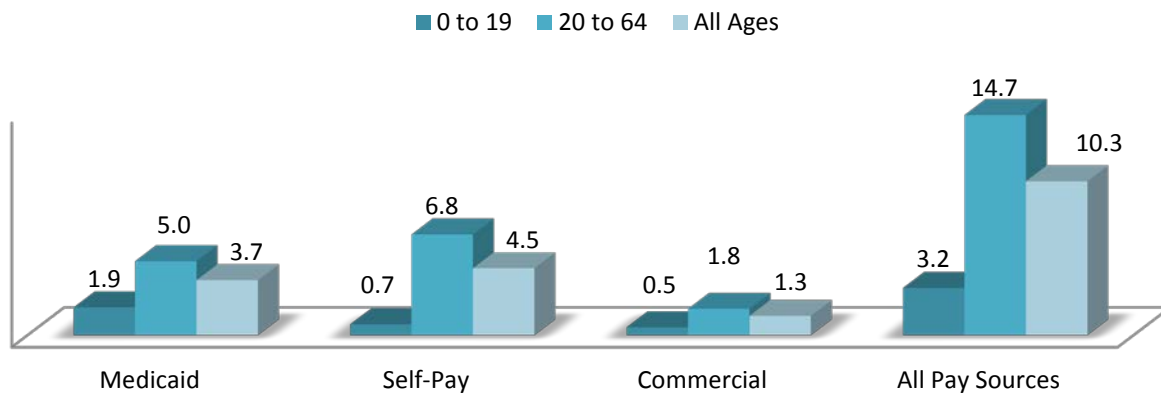
ED visit data for Missouri residents show that the three most commonly reported expected payment sources are Medicaid, self-pay, and commercial insurance. ED visit rates for Medicaid and self-pay payment sources have increased dramatically over the years. Starting in the year 2000, Medicaid was the leading expected payment source until 2006 when “self-pay” became the leading payment source. It is unclear whether ED visits in the “self-pay” category are paid by the patient out-of-pocket or how hospitals are compensated for these visits. In 2012 alone, it is estimated that ED visits resulted in \$6.2 million in charges to Medicaid and \$7.6 million in charges in the “self-pay” category.²



*Rates age-adjusted using the 2000 standard population

ED visit rates for dental complaints are highest among adults aged 20 to 64 years. For this group, “self-pay” was the most common expected payment source followed by Medicaid. Medicaid was the most common expected pay source among individuals under age 20, followed by “self-pay”; it is important to note that the majority of individuals eligible for Medicaid dental benefits are under age 20. The majority of ED visits for individuals over 65 years had an expected payment source of Medicare.²

Dental Complaints - ED Visit Rate per 1,000 by Payment Source and Age Group, Missouri Residents 2012



*Rates age-adjusted using the 2000 standard population

Inpatient hospitalizations for dental complaints also occur. In 2012, 610 such visits were observed, which were associated with 1,845 days of inpatient care and over \$13.5 million in charges reported by Missouri hospitals. In contrast with ED visits, the most common expected pay source for dental-related inpatient visits was commercial insurance, followed by Medicaid and Medicare.²

Combined, it is estimated that over \$31 million in charges for ED and inpatient visits for dental complaints occurred in 2012, which must be paid by Medicaid, Medicare, commercial insurers, citizens, and hospitals.² Receiving regular preventive care from dentists is the most effective way to avoid ED visits for dental problems.¹ Most healthy adults should visit a dentist at least annually for an exam and cleaning. According to 2012 data, only 62% of Missouri adults (18 years of age and older) visited a dentist at least once in the last year. This is lower than the national median (67%). For Missouri, dental visit rates vary by socioeconomic status: college graduates and those with an annual income of \$50,000 or greater were twice as likely to have visited a dentist in the last year as Missouri adults with less than high school education or with an annual income of less than \$15,000.^{3,4} Similarly, even though children enrolled in Medicaid in Missouri receive coverage for preventive visits, less than half visit a dentist for preventive treatment annually.⁴

In order to reduce ED utilization for non-traumatic oral complaints, interventions should attempt to increase regular preventive dental visits. This may involve educating the public about the importance of oral health, addressing a lack of providers that accept Medicaid, and increasing the number of individuals with dental coverage. Additional interventions should be geared toward ensuring that the dental emergencies that do occur are treated in dental offices rather than in EDs, which will result in cost savings and more effective treatment for patients.¹

References

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Created by the Missouri Department of Health and Senior Services. For more information on oral health in Missouri, please visit the Missouri Oral Health Program at health.mo.gov/oralhealth.